



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2011 - JUNE 30, 2012  
Deadline: July 13, 2012**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
2012 JUL 25 PM 2 39

THOMAS J. PACTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Health and Human Services Agency  
Division/Unit: North Coastal and North Inland Regions  
North Coastal Family Resource Center

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. of Vol.                      Hours                      X \$ 21.79      = \$

Types of work performed by GENERAL VOLUNTEERS in this category:

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)      WEX WORKERS

No. of Vol.    29                      Hours    3,322                      X \$ 21.79      = \$ 72,386.38

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Assembled recertification, welcome, application packets, emptied recycle bins, sorted mail, filed homeless mail, made copies.

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

No. of Vol.                      Total Hours                      Total Value = \$

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	_____	_____	_____
2b.	<u>29</u>	<u>2,902.50</u>	<u>\$ 72,386.38</u>
2c.	_____	_____	_____
<b>Total Vol.</b>	<u>29</u>	<b>Total Hours</b> <u>2,902.50</u>	<b>Total Value =</b> <u>\$ 72,386.38</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE = \$
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours	58	X	Rate	18.94	=	<table border="1"><tr><td>\$ 1,098.52</td></tr></table>	\$ 1,098.52
\$ 1,098.52							

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours	29	X	Rate	21.63	=	<table border="1"><tr><td>\$ 627.27</td></tr></table>	\$ 627.27
\$ 627.27							

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS=

\$ 0

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 1,725.79

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 72,386.38
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ \_\_\_\_\_
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 1,725.79

**TOTAL PROGRAM BENEFIT**

**\$ 70,660.59**

**6. RECRUITING:**

Please describe your recruiting programs:

Referrals from Arbor Employment & Training – monthly work experience attendance report completed and sent to Work Experience Manager.

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Our goal is to continue to provide work experience for customers who are seeking clerical experience to prepare them for employment so that they can better their life.

9. **GENERAL INFORMATION:**

10. **DEPARTMENT CERTIFICATION:**

Name of Person Completing Report: Elvira Obregon  
Phone Number: (760) 754-5726 Mail Stop: N106  
E-Mail: elvira.obregon@sdcounty.ca.gov  
Volunteer Coordinator: Vicky Magsaysay  
Phone Number: (760) 740-4135  
Mail Stop: N465  
E-Mail: vicky.magsaysay@sdcounty.ca.gov



**CHUCK MATTHEWS, DEPUTY DIRECTOR**

7/23/12

**DATE**

DEPARTMENT HEAD SIGNATURE